

South Dakota Meaningful Use Auditor (RFP #2083) Questions

1. Section 4.2 of Attachment B (Audit Strategy) states *“DMS plans to accept Stage 1 Meaningful Use from providers beginning the fall 2012”*. What is the current count of meaningful use attestations?

Twenty-six paid meaningful use attestations have been paid as of April 17, 2013.

2. Section 8 of Attachment B (Audit Strategy) states *“Post-payment audits for AIU payments are scheduled to start in the 4th quarter of FFY2012”*. How many AIU attestations have required field audits?

There have not been any field audits to date for AIU.

3. Our assumption is that the audit contractor will only perform post payment MU audits (not pre-payment audits). Please confirm this is a correct assumption.

The MU contractor will complete only MU post-payment audits.

4. Section 1.1 of the RFP states this RFP is *“for a qualified offeror to complete Meaningful Use Stage 1, 2, 3 audits”*. Are Meaningful Use audits limited to review of the Core, Menu and CQM measures, or does it include review of the EP's eligibility?

The MU auditor will focus on the Core, Menu and CQM measures.

5. Section 4.2 of Attachment B (Audit Strategy) states *“a review of meaningful use audits will be performed within 90 days of issuing a meaningful use payment”*. Is it the intent that the audit be started within 90 days or completed within 90 days after payment is issued?

Audits are performed on a quarterly basis, and would begin within 90 days after payment is issued.

6. Is it anticipated the vendor will be involved in appeals? If so, to what extent?

The vendor would provide any required information supporting the findings that resulted in the appeal process.

7. Section 9 of Attachment B (Audit Strategy) states *“Audit procedures and documentations will be periodically updated”* – is it anticipated the vendor will participate; and, if so, at what level?

The MU auditor may have suggestions and DMS would encourage vendor input.

8. Is it anticipated the vendor will be required to work with both DMS and HealthPOINT for audit tasks (or just DMS)?

The vendor will work directly with DMS.

9. Our assumption was that the audit contractor would be performing MU audits and all AIU audits would be completed by DMS. Please clarify if this assumption is correct.

The vendor selected will only complete MU post-payment audits.

10. Section 6.1.3 of the RFP states that the proposal evaluation will include *“record of past performance, including price and cost data from previous projects, quality of work, ability to meet schedules, cost control, and contract administration”*. We are not able to release the pricing of our contracts with other states without prior approval from those states; therefore we will not be able to provide the pricing and cost data from some of our previous projects. Will you consider removing the price and cost requirement from previous projects?

DMS encourages the vendor to submit price and cost requirements as available.

11. How many meaningful use field audits are expected to occur within the first year?

The number of field audits is not yet known, but DMS estimates up to 10% of healthcare professionals will receive post-payment desk reviews. A field audit will occur when insufficient information is available from a desk audit.

12. The Audit Strategy (Attachment B) includes requirements outside the scope of the RFP. Section 1.1 of the RFP states that *“The offeror will be responsible for adherence to the approved audit strategy”*. Section 2 Attachment B (Audit Strategy) states *‘Any eligible professional or eligible hospital attesting through the SD Medicaid EHR Incentive Payment Program will undergo pre-payment verification and may be subject to a post-payment audit’*. Section 4.2 of Attachment B (Audit Strategy) states *“Audit of Medicare and Medicaid EHs for meaningful use will be done by CMS. DMS plans to audit all Medicaid requirements of EHs except for meaningful use measures”*. Section 1.1 of the RFP states *“This is a request for a qualified offeror to complete Meaningful Use Stage 1, 2, 3 audits on the eligible professionals who received and Electronic Health Record Incentive Payment from the state of South Dakota”*; and Section 7.0 of the RFP states *“The offeror’s proposal must include costs per eligible professional MU desk audit and costs per eligible professional MU field audit”*. Our assumption is that the audit contractor will follow the requirements of the RFP in this case and will not be required to perform post-payment MU audits of EHs.

The RFP is requesting proposals for MU use post-payment desk and field audits for eligible professionals and one non-dually eligible hospital.

13. Section 2 Attachment B (Audit Strategy) states *“DMS will also use ‘claims data, immunization registry and electronic lab reporting, the SD HealthLink/planned HIE and*

external data sources for verification'. Will all of these data sources be made available to the audit contractor?

DMS staff will assist the auditor with obtaining contacts for any external information required.

14. Have pre-payment audits been performed on all AIU and MU payments?

Yes. Every provider that has received an EHR payment has been reviewed and passed the pre-payment audit process.

15. For public health measures, Section 4.2 Attachment B (Audit Strategy) states '*Menu measures related to public health reporting will be checked with the SD public health exchange (IR/ELR) that is currently being implemented*'. Has the IR/ELR been implemented and if not, when is the proposed implementation date?

The SD Department of Health has implemented the ELR with one healthcare organization in the state and will be live with another healthcare organization in the near future.

16. Section 6.0 of Attachment B (Audit Strategy) states '*if the desk review was not satisfactory, send a request to schedule a field audit*'. Does the state foresee all unsatisfactory desk reviews to require a field audit?

Yes, that is the audit procedure CMS is suggesting the states follow.

17. Will the state provide a secure portal for the exchange of PHI information from the EP's or will the vendor need to establish a secure method for receiving PHI information?

DMS will work with the successful bidder and the SD Medicaid EHR attestation portal vendor to manage the process for the transmission of secure documents. The vendor should propose alternatives for this option.

18. Is there a minimum or maximum number of meaningful use (MU) reviews expected to be performed? *Attachment B – 3.1 Risk Assessment Approach (pg5)*

DMS estimates up to 10% of healthcare professionals will receive post-payment MU audits; however, federal guidance and actual review findings may change that estimate.

19. Are there any expectations about the amount of time and quantity of work required to complete MU reviews based on the pre-payment procedures? *Attachment B – 6. Post-Payment Verification Methods (pg19)*

No, the State expects the MU reviews to fully audit the Core, Menu and CQM measures in accordance with standard audit practices and all Federal guidance.

20. For EPs, how many large group practices applied and received incentive payments?
What is the average size of a group practice? *Attachment B – 3.2.3 Tier 3:Alternate Selection Approach (pg7)*

One group of 28 providers applied for MU incentive payments and 26 individuals from the group qualified and received the MU incentive payments.

21. How many EPs applied with individual proxy and how many with group proxy?
Attachment B – Appendix A. Eligible Professional Pre-Payment Verification Worksheet (pg26 top)

As of April 17th, three individuals and one group of providers attested and have been paid for Stage 1 meaningful use.

22. Does the EHR portal have a search feature and is it capable of generating reports? Does the portal have the capability to mass export the attestation information into a data table? *Attachment B - 4. Pre-Payment Verification Methods, Audit Elements and Sources (pg8)*

No.

23. Where is pre-payment documentation stored? Is it stored electronically or in hard-copy form? *Attachment B - 4.2 Meaningful Use (pg12)*

The pre-payment documentation is stored electronically.

24. For pricing purposes, should upfront work be billed separately or included in the price of each audit? *RFP 7.0 Cost Proposal (pg7)*

For the cost proposal, the upfront charges should be separated out from the audit charges.

25. RFP Section 4.3 requests independently audited financial statements. As a CPA firm, we do not have audited financial statements. Will our internally-prepared unaudited financial statements satisfy this requirement?

DMS will allow vendors to submit internally prepared financial statements. It will be at the sole discretion of DSS to review and accept these in response to meeting the RFP requirement.

26. Section 3.1 (pg. 6): If we are to submit a cost estimate for years 2 and 3 and the audit criteria change, will the cost structure be allowed to reflect these changes?

DMS will review vendor proposals on how to accommodate audit criteria changes and potential costs changes.

27. Section 6: Post-payment verifications methodology: This is the section that states that the outside contractor is to perform the audit.

Questions for Section 6:

- a. Throughout this section, they refer to “staff” conducting review, audits, etc. Does this refer to DMS staff or to the outside entity fulfilling this role?

Staff reflects DMS employees when discussing AIU auditing and all pre-payment audits. Staff would refer to the MU vendor when discussing post payment MU audits.

- b. Any estimation as to the number of field audits (# or % of total) that SDDSS expects would be required?

As an estimate, DMS would expect less than 5% of the total audits to require a field audit.

- c. Should we interpret this section to mean that once DMS staff sends the letter, all subsequent review and evaluation is conducted by the outside contractor since it pertains to MU?

DMS will work with the selected MU vendor to identify a process for selecting, notifying and auditing healthcare professionals. The MU vendor would be completing the post-payment MU audits.

- d. If abuse is detected, the document states that “staff will develop a report by EP type”. By staff, does this refer to the outside contractor developing the reports or that the results of the audit conducted by the outside contractor will be used for the reports.

If the abuse was identified during an MU post-payment audit, the MU vendor would provide DMS with a summary document identifying the abuse.

- e. As a general question, what types of reports are expected by DMS from the outside contractor? Some clarification would be helpful.

The MU vendor would need to provide DMS with reports of healthcare providers to be audited and audit results. The MU Vendor will be responsible for reporting the findings to CMS through the CMS Reporting Tool on the HITECH Research and Support user Interface.

28. The section also notes that “DMS is planning to request proposals to secure a contractor that will conduct random audits on Medicaid providers for meaningful use”. Is this something we want to introduce now as an add-on to our proposal?

The audit strategy refers to DMS intent to solicit proposals for a meaningful use auditor, which is this RFP.

29. Section 10 (pg. 23): This section summarizes the 8 steps in the audit process. I’ve noted that steps 3-6 apply to the outside contractor with the remainder being the responsibility of DMS staff. Can this be confirmed?

Section 10 is a summary of all audits pre- and post- payment AIU and MU. All pre-payments audits are completed by DMS. AIU post payment audits are being completed internally. This RFP is requesting a vendor to complete all MU post-payment audits and follow-up processes.

Any requests for supporting documents for an MU audit will need to be determined by the MU vendor. If assistance from DMS is required in obtaining this information, this will be provided by DMS. Otherwise, all additional steps are for MU vendor also.

30. Regarding Cost: What is the annual planned budget for this project? Does it include travel and related costs?

The budget for the MU contractor will be finalized once a vendor is chosen. It will include all costs to complete both the meaningful use desk and field audits.

31. Regarding the HIPAA information security assessment requirement for MU Stage 1: If a HIPAA security audit can't be shown as completed for those EPs who have attested, how would you like us to address this from a delivery perspective? Do you want a HIPAA toolkit that now includes the HIPAA Omnibus rule?

DMS will review all proposals on how to meet the HIPAA information security assessment requirement for MU Stage 1. The vendor should propose the best strategy given standard auditing practices and all Federal guidance on the subject.

32. Regarding Price and cost statement in 6.1.3: By price and cost, you mean professional fee for price and cost related to additional expense for travel etc.? Or do you mean our cost to deliver the project?

For the cost statement, separate the professional fee for completing the audit and the additional costs related to travel, etc.